



## COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

### HOME IMPROVEMENT CONTRACTOR ARBITRATION PROGRAM

### CONSUMER *REQUEST FOR ARBITRATION* FORM

As of May 13, 2000, the Office of Consumer Affairs and Business Regulation provides the administrative services of the program and serves as the “arbitration firm.” Independent professional arbitrators hear the cases and render decisions according to procedures outlined in 201 CMR 14.00.

**You should send the original *Request for Arbitration* and two copies, and three copies of your contract (three sets altogether) to:**

Home Improvement Contractor Arbitration Program  
Office of Consumer Affairs and Business Regulation  
501 Boylston Street, Suite 5100  
Boston, MA 02116

**Payment of the arbitration fee is not required at the time of filing.**

*Please answer all questions. Do not make references to attachments instead of completing questions.*

**Commonwealth of Massachusetts  
Home Improvement Contractor Arbitration Program**

*Consumer Request for Arbitration*

***Section 1- Applicant Information***

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Section 2- Agent/Attorney Information***

If you will be represented by an agent or attorney in this action, complete this section.

Name of Agent/Attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Section 3- Qualification Information***

Circle yes or no to each question.

- A. Is there a written contract for the job?    yes    no
- B. Was the contractor registered with the state as a Home Improvement Contractor on the date the contract was signed?    yes    no
- C. Was the contract for improvements, repairs, renovations, alterations, or additions to a pre-existing, owner-occupied residence with no more than 4 units?    yes    no
- D. Is the property or residence located in Massachusetts?    yes    no
- E. Is the property your primary residence?    yes    no
- F. Will this *Request for Arbitration* be filed within 2 years of the contract date?    yes    no

*Please answer all questions. Do not make references to attachments instead of completing questions.*

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***Section 4- Contractor Information***

Name of contractor on contract: \_\_\_\_\_

Name of contractor representative you dealt with: \_\_\_\_\_

Title or affiliation with business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You can obtain registration information from the Consumer Affairs website at: [www.mass.gov/consumer](http://www.mass.gov/consumer) or you can contact our office at 617-973-8787 or toll free at 888-283-3757.**

Home Improvement Contractor Registration Number: \_\_\_\_ \_

Effective Dates of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

All registered home improvement contractors will have both an "Applicant" name and a "Responsible Individual" name. You will need to list both the "Applicant" name and the "Responsible Individual" name below. (Be aware that sometimes the "Applicant" and "Responsible Individual" names will be the same.)

Contractor's Business Name (on file as "Applicant") \_\_\_\_\_

Individual Responsible for Contractor's Work \_\_\_\_\_

Contractor Address if different from above:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

***Section 5: Contract Information***

A. Date contract was signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Total Contract Amount: \$ \_\_\_\_\_

C. Scheduled work start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual work start date \_\_\_\_/\_\_\_\_/\_\_\_\_

D. Scheduled work finish date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual work finish date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E. Include three copies of your contract with your *Request for Arbitration*.

*Please answer all questions. Do not make references to attachments instead of completing questions.*

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***Section 6- Dispute Information***

A. Nature of Dispute: Please check all that apply:

- ☐ work was not begun after contract was signed
- ☐ work was not completed
- ☐ work was performed in poor or unworkmanlike manner
- ☐ contractor did not follow agreed payment schedule
- ☐ contractor made misrepresentations
- ☐ contractor was engaged in a prohibited act (see Chapter 142A, §17)
- ☐ contractor violated other common law(s) or regulations
- ☐ other: \_\_\_\_\_ (attach additional sheet if necessary)

**B. Please write a summary of the events which support the charges checked above. You may attach additional sheets if necessary. *For this section only, you may attach a summary instead of writing below.***

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***Section 7- Requested Relief***

**A.** Indicate whether you are seeking money from the contractor for your damages, or a specific work performance by the same contractor against whom you are filing this claim. **You must fill in the total dollar amount of your claim.**

Check one:

\_\_\_\_\_ I am seeking monetary damages from the contractor in the total amount of \$ \_\_\_\_\_.

**OR**

\_\_\_\_\_ I am seeking a specific work performance by the same contractor, valued at \$ \_\_\_\_\_.

**(Note: Before you determine that you are seeking a specific work performance by the same contractor, you should carefully consider the likelihood of the contractor performing the work, given that the contractor allegedly has already failed to perform the work or has performed shoddy work, which has resulted in this action against the contractor.)**

**B.** List the work that requires completion as well as the work that must be repaired. Circle whether the item is defective or incomplete. For each defective or incomplete item, list an estimated dollar value of how much it will cost to repair or complete that item. **You should consult with a professional in the construction industry to obtain this information (i.e. another contractor, building inspector, etc.)**

List of Defective or Incomplete Items-	Estimated Dollar Value
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____
Defective/Incomplete _____	\$ _____

**C.** List any additional expenses that you are claiming that were not included in the above list of defective and incomplete work.

Description of expense	Dollar Value of Expense
_____	\$ _____
_____	\$ _____
_____	\$ _____

*Please answer all questions. Do not make references to attachments instead of completing questions.*

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***Section 7 Continued- Requested Relief***

**D.** List the work that has been properly completed by the contractor against whom you are bringing this claim. List an estimated dollar value of this work. **You should consult with a professional in the construction industry to obtain this information (i.e. another contractor, building inspector, etc.)**

Work Properly Completed by the Contractor	Estimated Dollar Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**E.** Total dollar amount you paid under the contract to date: \$ \_\_\_\_\_

Please itemize the payments, indicating whether they were made in cash or by check, the dates they were made, the person who received the payment, and the purpose of the payment.

\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____
\$ _____	check/cash on	____/____/____	to	_____	for	_____

*Please answer all questions. Do not make references to attachments instead of completing questions.*

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**Section 8- Agreement Signature**

Please read the statements below and then sign where indicated.

- I understand that I am required to submit **the original and two photocopies sets (3 complete sets altogether)** of this *Request for Arbitration*.
- I understand that this *Request For Arbitration* must be received by the state-approved arbitration firm provided with this application **no more than 24 months after the date the contract was signed** (unless tolled while in formal mediation).
- I understand and agree to pay the following Arbitration Fees:

Amount of Claim	Arbitrator Fee
Up to \$1,999	\$150
\$2,000 to \$4,999	\$300
\$5,000 to \$9,999	350
\$10,000 to \$24,999	\$450
\$25,000 to \$49,999	\$600
\$50,000+	\$850

The above maximum fees are payable by the filing party. The fee is due upon appointment of the Arbitrator. **DO NOT SEND THE FEE WITH THE APPLICATION.** Should the opposing party file a counterclaim, s/he must pay a fee based upon the same maximum fee schedule.

For claims under \$10,000.00, the arbitration procedures presuppose that the dispute will be resolved through the submission of written documents, unless any party requests an oral hearing, or the arbitrator determines that an oral hearing is necessary.

An oral hearing should last no longer than four hours. If the arbitrator determines that additional hearing time is necessary to obtain sufficient evidence to render an award, the arbitrator may extend the hearing time. (The hearing also may be extended upon the agreement of each of the parties and the arbitrator.) The arbitrator is authorized to charge an additional fee of up to a maximum \$150.00 per hour if the hearing is extended beyond four hours (some arbitrators may charge less). The total additional fee will be shared equally by the filing and opposing parties.

- I understand that if I win my arbitration case, I may need to pursue further legal action in court to enforce the arbitration award should the contractor fail to comply with the order of the arbitrator.
- **Privacy:** once you voluntarily submit personally identifiable information to us, its dissemination is governed by the Public Records Law, the Fair Information Practices Act, Executive Order 412, and other applicable laws and regulations. For this reason, **part or all of the information you send us may be provided to a member of the public in response to a public records request.**

I hereby request that the state-approved arbitration firm arbitrate my home improvement contract claim, and I hereby certify that all statements made in connection with this request for arbitration are true to the best of my knowledge.

Signed under the pains and penalties of perjury.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name Printed: \_\_\_\_\_

*Please answer all questions. Do not make references to attachments instead of completing questions.*